₽ 990-EZ

Short Form Return of Organization Exempt From Income Tax

▶ Do not enter social security numbers on this form as it may be made public.

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990. 20 15 For the 2015 calendar year, or tax year beginning JANUARY 1 , 2015, and ending DECEMBER 31 C Name of organization B Check if applicable: D Employer identification number Address chance WILD HORSE RESCUE FOUNDATION OF TEXAS 74-3023356 Name chance Number and street (or P.O. box, if mail is not delivered to street address) E Telephone number Initial return P.O. BOX 692 979-676-1650 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code F Group Exemption Amended return FRANKLIN, TX 77856 Number ▶ Application pending H Check ▶ ☐ if the organization is not G Accounting Method: required to attach Schedule B WILDHORSEFOUNDATION.ORG (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) - X 501(c)(3) 501(c) () ◀ (Insert no.) ☐ 4947(a)(1) or ☐527 K Form of organization: X Corporation Association Other ☐ Trust L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I Contributions, gifts, grants, and similar amounts received 146,320 2 10,650 2 Program service revenue including government fees and contracts 3 3 Membership dues and assessments 4 Investment income **AUSC** Gross amount from sale of assets other than inventory Shorations 5b Less: cost or other basis and sales expenses . . . 5c 0.00 Gain or (loss) from sale of assets other than inventory (Subtract line) Gaming and fundraising events Gross Income from gaming (attach Schedule G if greaten attach respondence b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 0.00 Gross sales of inventory, less returns and allowances . Less: cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) 7c 0.00 8 8 9 156,970.00 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 10 Grants and similar amounts paid (list in Schedule O) 0 Benefits paid to or for members 11 0 11 12 0 Salaries, other compensation, and employee benefits . 12 13 Professional fees and other payments to independent contractors 4,500 13 014 20,272 Occupancy, rent, utilities, and maintenance 14 ₹15 15 Printing, publications, postage, and shipping.

For Paperwork Reduction Act Notice, see the separate instructions.

Total expenses. Add lines 10 through 16 .

Other expenses (describe in Schedule O)

Excess or (deficit) for the year (Subtract line 17 from line 9) . . .

end-of-year figure reported on prior year's return)

Other changes in net assets or fund balances (explain in Schedule O) .

Net assets or fund balances at end of year. Combine lines 18 through 20

Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with

Form 990-EZ (2015)

137,955

162,727.00

(5,757.00)

65,010.00

59,253.00

16

17

18

19

20

16

17

18

20

Assets 19

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Form	990-	F7	<i>1</i> 201	51	

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Form 990-EZ (2015)

Pa	Ralance Sheets (see the instructions	for Part II)				
	Check if the organization used Schedule	O to respond to ar	ny question in this	Part II	٠.	\square
				(A) Beginning of year		(B) End of year
22	Cash, savings, and investments			1,186		1,05
23	Land and buildings		L.	63,824		58,20
24	Other assets (describe in Schedule O)				24	50.050.00
25	Total light William (describe in Cabadda C)			65,010.00	-	59,253.00
26 27	Total liabilities (describe in Schedule O)		L	CE 010 00	26	50 252 00
Par	Net assets or fund balances (line 27 of column Statement of Program Service Accom			65,010.00	27	59,253.00
	Check if the organization used Schedule	•		•		Expenses
Wha	t is the organization's primary exempt purpose?			Part III 📋		quired for section
						(c)(3) and 501(c)(4) unizations; optional for
as n	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	nanner, describe the ach program title.	services provide	d, the number of		ers.)
28					1	
	GENTLE TRAINING OF WILD HORSES.	APPROX. 200 PE	ERSONS FOR EA	CH PROGRAM.		
	APPROX. 1100 TRAINING HOURS.					16 07
20	(Grants \$) If this amount CARE AND GENTLE TRAINING OF RESCU	includes foreign gra			28a	16,27
29		ED MITO HOKSES	; AND SUCCES	STUL	İ	
	ADOPTIONS				1	
	(Grants \$) If this amount	includes foreign are	inte check here		298	146,45
30					-	140,45
					İ	
					•	
	(Grants \$) If this amount	includes foreign gra	ints, check here .	▶ 🗆	308	1
31						
		includes foreign gra			318	
32	Total program service expenses (add lines 28a	through 31a)		, , , , >	32	162,727.0
Par	List of Officers, Directors, Trustees, and Key			•	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to a				· · · · <u> </u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)			Estimated amount or other compensation
SUS	AN CALHOUN, PRESIDENT/DIRECTOR				\top	
*****	. BOX 692 FRANKLIN, TX 77856	10)	0	
RAY	FIELD, SECTY, TREAS, DIRECTOR					
P.0	. BOX 692 FRANKLIN, TX 77856	20	c		0	
DAV	ID BROOKS, DIRECTOR					
P.0	. BOX 692 FRANKLIN, TX 77856	1			0	
	A SHALMY, DIRECTOR				1	
_	BOX 692 FRANKLIN, TX 77856	1	C		이	(
	TY BRASFEILD, DIRECTOR		1			
$D \cap$	BOX 692 FRANKLIN, TX 77856	1	1 (AI.	
<u>F.U</u>		 	 		<u> </u>	
<u>F.Q</u>			<u> </u>		1	
		-				

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			
	instructions for Part V Check if the organization used Concount C to teapone to any question in the	· art	Yes	No
	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a			
	detailed description of each activity in Schedule O	33		<u> </u>
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		x
	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
þ	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
C	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		x_
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		х
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		1	4.
b	Did the organization file Form 1120-POL for this year?	37b	ļ	X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
_	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	81.	X
Ъ	If "Yes," complete Schedule L, Part II and enter the total amount involved		5 - T	
39	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on line 9			·
8	Gross receipts, included on line 9, for public use of club facilities			
b 40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:		-	1
408	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0) -		
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	- 1	45.	
U	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		Х
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
	on organization managers or disqualified persons during the year under sections 4912,		ļ	
	4955, and 4958	<u>.</u>		1
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			1
	40c reimbursed by the organization	 		
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e	1	Х
41	List the states with which a copy of this return is filed ► N/A			
42a	The organization's books are in care of ▶ SUSAN CALHOUN Telephone no. ▶ 979-			0
		74-7		T
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	T40h	Yes	No X
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	 	1
	If "Yes," enter the name of the foreign country: ► N/A See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and		F	7.7
	Financial Accounts (FBAR).] , 7	
_	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		X
C	If "Yes," enter the name of the foreign country: ► N/A		<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here		٠	▶□
	and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	No
44-	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		1 68	-
44a	completed instead of Form 990-EZ	448		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		
С	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	Ĺ.,	₹ V .
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	_	X
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	1		
-	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		L.	4
	Form 990-EZ (see instructions)	45b	1	<u> </u>

Form	990-EZ	(2015))
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Paga	4
rucu	-

' 46	Did the eventuality and a discate of	1					Yes	No
40	Did the organization engage, directly or to candidates for public office? If "Yes,"	complete Schedule C	:ampaign activities o:	n behalt of of It	i oppositio		المناسا	
Part			, rati			46	Ц	<u> </u>
	All section 501(c)(3) organization		etions 47-49h and	152 and com	nlete the	tables f	or lin	AC
	50 and 51.	no mast answer que	13110113 47 -43D AI IU	JE, and Com	Piete tile	tables i	O1 1111	G 3
	Check if the organization used S	chedule O to respond	I to any question in	this Part VI				
			to any quodion in	uno r art vi	<u> </u>	<u> </u>	Yes	No
47	Did the organization engage in lobbying	g activities or have a	section 501(h) election	on in effect du	ring the ta	ax		1::-
	year? If "Yes," complete Schedule C, Pa	artli				47		x
48	is the organization a school as described	in section 170(b)(1)(A)(i)? If "Yes," complete	Schedule E		48		X
49a	Did the organization make any transfers		•			49a		X
b	If "Yes," was the related organization as					49b		
50	Complete this table for the organization							
	employees) who each received more that	an \$100,000 of compe	nsation from the orga	anization. If the	re is none,	enter "N	lone."	,
	(a) Name and title of each employee	(b) Avarage hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, an compensa	employee (d deferred	(e) Estimate other con		
NONE		 	 	Compensa				
NONE		-		-	-			
		 	 	 				
********		-†	}	}	1			
	***************************************	- j		1	Ì			
			 	 				
			İ					
		7			- 1			
f	Total number of other employees paid of	ver \$100,000	. •	0				
51	Complete this table for the organization			t contractors v	vho each	received	more	than
	\$100,000 of compensation from the org	panization. If there is n	one, enter "None."					
	(a) Name and business address of each indeper	ndent contractor	(b) Type of ser	rvice	(c) C	Compensati	ดก	
			 			· · · · · · · · · · · · · · · · · · ·		
NONE			1					
			 					
			 					
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	*******************************	1	ł				
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	***************************************		1					
	۳۰ زیر بر ۱۳۰۰ روست و بروست و ۱۳۰۰ روست و ۱۳۰۰ روست و ۱۳۰۰ روست و بروست و این و این این و این این و این این و		 					
			1	1				
d	Total number of other independent cont	ractors each receiving	over \$100,000	. >				0
52	Did the organization complete Scheo	_	=	anizations mus	st attach	а		
	completed Schedule A					►⊠ Yes		No
Under p	penalties of perjury, I declare that I have examined this meet, and complete. Declaration of preparer (other th	s return, including accompar	ying schedules and staten	nents, and to the be	st of my kno	wledge and	bellef.	it is
true, co	rrect, and complete. Declaration of predafer (other th	an officer) is based on all into	ormation of which preparer	has any knowledge	B.			
•	1 grind							
Sign	Signature Sherficer RAY F	(a) N		Date	1001	a 2	- I	,
Here	1144 6	164)			NOV	71,2	0	<u>φ</u> _
	Type or print name and title		·····			1		
Paid		Preparer's signature	10	ate	Check 🗵 i	PTIN		_
Prep	arer TERRI GRIGSBY ROGERS	_ <u></u>			self-employe	≈[P0094	1793	<u> </u>
Use	Only Firm's name TERRI GRIGSBY			Firm's				
Maria	Firm's address > 5231 LYMBAR D			Phone	no. 832-6			
iviay ti	he IRS discuss this return with the prepar	er snown above? See	instructions		<u>P</u>	X Yes		
						Form 99	U-EZ	(2015)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

➤ Attach to Form 990 or Form 990-EZ.
➤ information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name (of the organization					Employer Identification	number
	HORSE FOUNDATION RESC					74-3023356	
Par							ns.
	rganization is not a private found A church, convention of church						
	A school described in section						
	A hospital or a cooperative he		•				
	A medical research organization hospital's name, city, and sta	ion operated in c	-			,, ,, ,	iii). Enter the
5	An organization operated for section 170(b)(1)(A)(iv). (Con	the benefit of a	college or university	owned o	r operate	ed by a governmenta	al unit described in
	☐ A federal, state, or local gove ☒ An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup-				the general public
8	☐ A community trust described	in section 170(b)(1)(A)(vi). (Complete i	Part II.)			
9	An organization that normally receipts from activities relate support from gross investmacquired by the organization	ed to its exempt ent income and	functions—subject to unrelated business	certain taxable ii	exception	ns, and (2) no more ess section 511 tax	than 331/3% of its
	An organization organized and one or more publicly supporte the box in lines 11a through 1	d operated exclusived organizations of	ively for the benefit of, lescribed in section 5	to perfor	m the fun r section	ctions of, or to carry 509(a)(2). See secti	on 50 9(a)(3). Check
a	☐ Type I. A supporting organithe supported organization organization. You must contain the support of the supp	ization operated, (s) the power to n	supervised, or control egularly appoint or ele	lled by its	support	ed organization(s), ty	pically by giving
b	☐ Type II. A supporting organ control or management of the organization(s). You must e	ization supervise he supporting or	d or controlled in conganization vested in the	nection w ne same p	rith its su persons t	pported organization hat control or manag	(s), by having e the supported
C	☐ Type III functionally integrality integrals its supported organization(s	rated. A supporti	ng organization opera	ted in cor te Part I\	nection ' /, Sectio	with, and functionally ns A, D, and E.	integrated with,
d	☐ Type III non-functionally in that is not functionally integ requirement (see instruction	rated. The organi	ization generally must	satisfy a	distributi	ion requirement and	ed organization(s) an attentiveness
e	☐ Check this box if the organi functionally integrated, or T	zation received a	written determination	from the	IRS that	it is a Type I, Type I	l, Type III
f	Enter the number of supported	organizations .					
9	Provide the following information (I) Name of supported organization		(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) is the c	organization or governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		·
(A)	-						
(B)							
(C)				1			
(D)							
(E)							
Total						0.00	0.00

Part	Support Schedule for Organiza	ations Descr	ibed in Sect	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(v	i)
	(Complete only if you checked the	he box on line	5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	te Part III.)	
	on A. Public Support					·	
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				<u> </u>		
	membership fees received. (Do not include any "unusual grants.")	100 300	160 601	106 605			
2	Tax revenues levied for the	102,792	162,621	186,695	167,719	146, 320	766,147.00
2	organization's benefit and either paid	\			ļ	ļ	1
	to or expended on its behalf	ĺ			[[
3	The value of services or facilities						
	furnished by a governmental unit to the	1					•
	organization without charge	ł	}	}		İ	}
4	Total. Add lines 1 through 3	102,792.00	162,621.00	186,695.00	167,719.00	146,320.00	766,147.00
5	The portion of total contributions by	建设理	温度到温				
_	each person (other than a			高行业			
	governmental unit or publicly	建工厂	是上海				
	supported organization) included on			亚洲 李宝			
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)		77		7		414,548
Socti	Public support. Subtract line 5 from line 4. on B. Total Support	40000000000000000000000000000000000000	Marie Control	[1] · · · · · · · · · · · · · · · · · · ·	Page Page		351,599.00
	dar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4						766,147.00
8	Gross income from interest, dividends,			100,033.00	2017.123.00	2.0/020.00	1.00/2.1100
•	payments received on securities loans,	1	Ī	Ī	İ	ļ	i
	rents, royalties and income from similar	Į.		Į.	į	Į.	ļ
	sources						
9	Net income from unrelated business					,	
	activities, whether or not the business		}]	ļ		ļ
	is regularly carried on			ļ <u>.</u>		<u></u>	ļ
10	Other income. Do not include gain or	1			ļ		
	loss from the sale of capital assets (Explain in Part VI.)	1	 	ļ	ĺ		}
44	Total support. Add lines 7 through 10	- 4 4 4 4 4	######################################	· 数点线/ 1/2	. NETTY TERRITOR.	receiver () And	766,147.00
11 12	Gross receipts from related activities, etc.			・ 一	ジンドの子上年第一次の	12	41,199
13	First five years. If the Form 990 is for the			d. third. fourth	or fifth tax v		
	organization, check this box and stop he	ere					▶ 🗆
Secti	on C. Computation of Public Suppo	rt Percentag	е				
14	Public support percentage for 2015 (line	6, column (f) di	ivided by line 1	11, column (f))		14	45.89%
15	Public support percentage from 2014 Sc					15	40.11 %
16a	331/3% support test—2015. If the organi						
	box and stop here. The organization qua	•		•			
р	331/3% support test—2014. If the organicheck this box and stop here. The organic				•		_ '
		•	• •	• • • •	•	405 4	
17a	10%-facts-and-circumstances test—2 10% or more, and if the organization me						
	Part VI how the organization meets the "						
	organization			_	•		> 🗆
ь	10%-facts-and-circumstances test—2						
	15 is 10% or more, and if the organiza						
	Explain in Part VI how the organization in						
	supported organization						
18	Private foundation. If the organization d	id not check a	box on line 13	i, 16a, 16b, 17a	a, or 17b, chec	k this box and	see
	instructions						▶ □

SCHEDULE L (Form 990 or 990-EZ)

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name o	of the organization				-				Employ	yer ide	ntificati	on nu	mber		
WILD	HORSE RESCUE								74-3					_	
Part	Excess Beneficial Excess Benef	fit Transaction e organization	ns (section 501 answered "Ye	(c)(3), s" on	section Form 99	501(c)(4), a 0, Part IV, I	nd 50 ine 25	1(c)(29) o a or 25b,	rganiz	ations rm 99	only) 0-EZ,	Part	V, line	40b.	
1	(a) Name of disqualified		(b) Relationship be	atween	disqualified	person and		(~) ()		()				(d) Cor	rected?
	(a) Name of disqualities	person		organiz	ation			(C) DE	escription	n or trau	NSACUO!	n		Yes	No
(1) N	OT APPLICABLE														
(2)															
(3)															
(4)															
(5)															
(6)							<u>L</u>								L
2	Enter the amount under section 4958		d by the organ	nizatio 	n manag	gers or dis	qualifi 	ied perso	ons du 	ring t 	he ye !	ar ► s	:		
3	Enter the amount of	f tax. if anv. on	line 2. above.	reimb	oursed by	the organi	izatior	.			1	▶ 9			
•					·,	U. g						•			
Part	Loans to and	or From Inter													
	Complete if th	e orgànization eported an am	answered "Ye ount on Form !	s" on 990, F	Form 99 Part X, line	0-EZ, Part e 5, 6, or 2	V, line 2.	38a or F	om 99	90, Pa	urt IV, 1	line 2	6; or	if the	
(a) Na	ame of interested person	(b) Relationship	(c) Purpose of	(d) L	oan to or	(e) Origin	nal	(f) Balanc	ce due	(g) In (default?	(h) Ap	proved	0 W	ritten
	•	with organization	loan		om the inization?	principal an	nount						pard or nittee?	agree	ment?
			L	To	From	<u>l</u>				Yes	No	Yes	No	Yes	No
(1) N	OT APPLICABLE														
(2)															
(3)				<u> </u>										L	
(4)				<u> </u>						<u> </u>	L		<u> </u>	L	L
(5)		<u> </u>		ļ							<u> </u>		<u> </u>		
(6)				<u> </u>	<u> </u>					L.			L	L	
<u>(7)</u>			ļ	├						↓			ļ	ļ	
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Fairt		e organization				0, Part IV, I	ine 27								
(a)	Name of interested person		ship between inter and the organization		(c) Amount	of assistance	(d) Type of a	ıssistanc	æ	(e)	Ригро	se of a	ssistan	Ce
(1) N	OT APPLICABLE														
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For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 980-EZ) 2015

Part IV	Business Transactions Involvi Complete if the organization and	ng Interested Persons. swered "Yes" on Form 99	0, Part IV, line 28a	, 28b, or 28c.		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	ering of ration's nues?
(4) DAY	ETELD C CUCAN CALUOIN	OFFICERS (DIRECTO)	0700	TAND TRACE ON YEAR	Yes	No
(1) RA1 (2)	FIELD & SUSAN CALHOUN	OFFICERS/DIRECTO	RS 8700	LAND LEASE ON YEAR BY YEAR BASIS		x
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(10) Part V	Supplemental Information	<u> </u>	L			L

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SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

of the organization		Employer identification number
HORSE RESCUE FOUNDATION OF	TEXAS	74-3023356
R EXPENSES		

CONTINUING EDUCATION	\$ 1,500	
LICENSES & FEES	\$ 470	
TICENSES & LEES	\$ 470	
TELEPHONE & PAGER	\$ 1,680	
PANKTUG PREG 4 TUMPREG	4 1 000	
BANKING FEES & INTEREST	\$ 1,098	
COMMUNITY OUTREACH	\$ 3,600	
VETERINARIAN & MEDICAL	\$ 5,532	
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HORSE FEED & HAY	\$101,052	
INSURANCE	\$ 7,080	
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DEPRECIATION	\$ 5,623	
TRAVEL	\$ 3,518	
OFFICE EXPENSES	\$ 6,102	
TOTAL	\$137,955	

